DINGY BUILDINGS POINT TO DECAY IN THE NHS RATHER THAN IN NURSING

I was saddened by ‘Waiting room blues’ (reflections September 19) and the way nursing student Jennifer Rawles interpreted the attitude of the triage nurse in A&E. Considering the pressures there, it is not surprising that the nurse appeared resigned.

I can well imagine she was not interested in a debate about the triage room being the size of a broom cupboard, walls that did not meet the ceiling and the state of the waiting area. My guess is that the A&E manager and staff have tried and tried to get better facilities and improve cleaning.

Better triage facilities are certainly needed, privacy is important and all hospital areas should be clean and tidy. But surely these exemplify the state of many of our NHS hospitals, rather than the values of registered nurses.

Gary Jones, by email

IT IS VITAL TO HIGHLIGHT ATTACKS ON HOSPITALS IN CONFLICT ZONES

Well done for highlighting the bombing of two hospitals in Syria (news September 19). The Free Syrian Army claimed it carried out the attacks because the hospitals were being used by government troops.

Hospitals have protected status in international law. It is a war crime to attack a hospital or other medical unit, whether civilian or military. It is unlawful to use a hospital in direct support of military action, for example to house personnel or armaments.

It is unfortunate the international protection afforded to healthcare workers and facilities is being ignored and abused in so many conflicts. I urge the RCN to work with the International Council of Nurses to ensure all those engaged in armed conflict are reminded of their legal obligations.

Geoff Earl, by email

HIGH-QUALITY MENTORING SHOULD BE RESTORED AS A TOP PRIORITY

According to your news story, one in six nursing students do not spend the minimum required time with their mentor (September 26).

If we do not invest in educating nursing students, how will this affect the future of the profession?

The situation is a reflection of the increased pressures on health care, with qualified staff asked to do more with the same resources while units are running on agency and temporary staff. Meanwhile, less time and fewer resources are being given to education – training is always the first thing to suffer when budgets are short.

Education is no longer seen as a priority in many healthcare organisations. Often it is just a number exercise to get as many staff through mandatory updates as possible.

I have been a mentor for years and I have loved every moment of it. Nursing students have helped keep my knowledge up to date through the questions they ask and the discussions we have had.

But to be a good mentor requires investment. Managers need to allocate protected time and resources to ensure nurses can be good mentors, and they need to see quality mentoring as something of value, not an inconvenience.

Draw Payne, community nurse, London

GOOD MENTORS NOW WILL MAKE THE NEXT GENERATION OF NURSES GREAT

The people a nursing student works with can make or break the student’s potential to be a good qualified nurse. The story ‘Mentors can inspire or discourage’ (news September 26) testifies to this.

Teaching, coaching and mentoring are more than just telling and showing the student what to do and how to do it. There is indeed a lot of telling and showing, but it needs to be balanced with plenty of drawing out, listening, encouraging, questioning, empathising, watching the penny drop and helping the student to realise what he or she already knows.

It takes an enthusiastic, passionate, ‘can-do’ person to be that mentor and to inspire a student.